

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Universal Transportation,
LLC

273477
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2017 - 366 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Bryan C. Johnson

Telephone: (803) 686-8197

Address: 216 grove drive Cordova S.C.
29039

Fax:

Other:

Email: johnson1980bcj@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Application - Class A/A Restricted
<input type="checkbox"/> Application - Class C Taxi
<input type="checkbox"/> Application - Class C Charter
<input type="checkbox"/> Application - Class C Charter Bus
<input checked="" type="checkbox"/> Application - Class C Non-Emergency
<input type="checkbox"/> Application - Class C Stretcher Van
<input type="checkbox"/> Application - Class E Household Goods
<input type="checkbox"/> Application - Class E Hazardous Waste
<input type="checkbox"/> Application
<input type="checkbox"/> Request for Extension to Comply with Order
<input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
<input type="checkbox"/> Request for Cancellation of Certificate
<input type="checkbox"/> Request for Suspension
<input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Request for Name Change on Certificate
<input type="checkbox"/> Request to Amend Scope of Authority
<input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)
<input type="checkbox"/> Request to Amend Passenger Limit
<input type="checkbox"/> Request
<input type="checkbox"/> Exhibit
<input type="checkbox"/> Late-Filed Exhibit
<input type="checkbox"/> Letter
<input type="checkbox"/> Proposed Order
<input type="checkbox"/> Publisher's Affidavit
<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Response
<input type="checkbox"/> Return to Petition
<input type="checkbox"/> Other: |
|--|---|

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 12/8/17

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Universal Transportation L.L.C.

216 grove drive Cordova S.C. 29039

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(803) 686-8797

Phone

Fax

johnson1980bcj@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Bryan C. Johnson

216 grove drive Cordova S.C.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="6,500"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="1,000"/>	Total Liabilities	<input type="text" value="0"/>
Total Assets	<input type="text" value="7,500"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

0-25 miles is a \$25.00 Round trip Flat Fee.
 0-26 miles plus, will be Flat Fee plus \$1.00 per mile.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input checked="" type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input checked="" type="checkbox"/> Barnberg	<input checked="" type="checkbox"/> Colleton	<input checked="" type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input checked="" type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input checked="" type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input checked="" type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

☒ 006

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Universal Transportation L.L.C.

Name of Applicant

216 grove drive Cordova S.C. 29039

Address of Applicant

Amount of Premium:

Liability Insurance \$ _____

The above quoted premium is for a term of 10 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

See attached
Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000
Medical Payments per Person	\$ 1,000

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

INSURANCE QUOTE

**South Carolina
 Commercial Automobile Insurance**

AGENCY:	TAYLOR AGENCY - 19311	QUOTE#:	CA129555Q2017
ATTENTION:		PRINT DATE:	12/06/2017
APPLICANT:	UNIVERSAL TRANSPORTATION LLC	QUOTE EFF:	12/15/2017
RENEWAL OF:	N/A	QUOTE EXP:	01/14/2018

COVERAGE/LIMITS/PREMIUM

COVERAGE	SYMBOL(S)	LIMITS	PREMIUM
LIABILITY	2,8,9	\$1,000,000 Limit	\$4,930
NON OWNED AUTO LIABILITY			\$219
HIRED AND BORROWED LIABILITY - SC		\$1,000,000 Limit	\$62
UMBI - SC	7	\$75,000 Limit	\$11
UIM - SC	7	\$75,000 Limit	\$27
MEDICAL - SC	7	\$1,000 Limit	\$92
OTC - SC	7	\$1,000 Ded	\$378
COLLISION - SC	7	\$1,000 Ded	\$502

ADDITIONAL INSUREES:	1	\$50
STATE REQUIRED FEES AND OR TAXES:		\$0
TOTAL PREMIUM:		\$6,271.00
BASED ON RATING TERRITORY		CORDOVA, SC (189)

NUMBER OF UNITS

NUMBER OF UNITS	1
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UNDERWRITING NOTES

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REQUIRED INFORMATION

<ul style="list-style-type: none"> Confirmation of Policy Terms. Completed/signed ACORD application(s) required at time of binding: Loss runs for the past years. Signed "No-Loss" statement. Completed/signed Notice of Terrorism Insurance Coverage. Completed/signed Public Auto Supplemental Application. Signed Non-Reported Operator Deductible Endorsement. Completed DOT Medical Examination Report for all drivers age 70 and over. Mechanical inspection report with photos for all units over 10 model years old. 	<ul style="list-style-type: none"> Vehicle registrations/lease agreements for all vehicles used by the named insured. Updated Driver List. Updated MVRs. Name and number of all Medicare and Social Service providers. Copies of any certificates of insurance and binders issued. Current/expiring pricing for all lines. Confirmation of state filings required. Confirmation of federal filings required. Confirmation of other filings required.
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If bound, this quote is subject to the company's receipt of the items checked above within 15 days of binding.
 Failure to provide this information in this time frame may result in cancellation of the policy.

DISCLAIMERS & GENERAL CONDITIONS

- Minimum premium \$750 applies to policy.
- The fee for additional insureds is \$50 each, unless the entity is a state agency.
- Any policy in cancellation for non-payment will incur a Reinstatement Fee of \$9.
- Unless otherwise stated, this quote is based on standard ISO filed coverage forms.
- This quote is subject to favorable loss experience verification and favorable inspection, if not obtained prior to the release of this quote.
- All drivers must qualify under our Safe Driver Criteria.
- The company reserves the right to exclude/reject any operator, for any reason, who may otherwise qualify under the Safe Driver Criteria.

Thank you for considering GATEWAY INSURANCE COMPANY and The Atlas Group of Companies as your business partner and for the opportunity to provide you with this quote for the above risk.

THE ATLAS GROUP OF COMPANIES | GATEWAY INSURANCE COMPANY

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AFH 003 IL 02 17

PREPARED BY:

Whit Whittington

VEHICLE SCHEDULE

					PHYSICAL DAMAGE:				
	CLASS CODE:	ST:	YEAR:	MAKE:	VALUE TYPE:	VALUE:	PREMIUM:	ALL OTHER COVERAGE:	TOTAL:
1	4398	SC	2010	FORD	Stated Amount	\$9,500	\$880	\$5,060	\$5,940

12/12/2017 14:38 FAX 8037029093

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008

Exhibit Fit, Willing, and Able (FWA)

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Ray C. John
Applicant's Signature
Owner
Title of Applicant (e.g. President, Owner, etc.)

E-Service OK
per. Bryan Johnson
12/12/17

STATE OF SOUTH CAROLINA)
COUNTY OF Alendale)

SWORN TO BEFORE ME
This 8th day of December, 2017

Francina A. Capers
Notary Public

Commission Expires January 27, 2021

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

UNIVERSAL TRANSPORTATION, LLC,
a limited liability company duly organized under the laws of the State of South Carolina on December 5th, 2017, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 12th day
of December, 2017.


Mark Hammond, Secretary of State